### **MEMORANDUM**

### **ATTENTION**

To: Private Duty Nursing Providers

Model Waiver Providers

From: Nancy Cutair

**Division of Nursing Services** 

Re: **HIPAA IMPLEMENTATION – IMPORTANT!** 

Date: October 10, 2003

The passage of the Health Insurance Portability and Accountability Act (HIPAA) by Congress and its subsequent implementation changes many aspects of the health care industry. One of the major areas impacted by HIPAA is how a claim is submitted for services rendered to clients. Specifically, HIPAA requires all health care providers and insurers to use standard codes and formats in the submission and processing of claims. Due to these HIPAA requirements, the Medicaid Program is making MAJOR REVISIONS to the billing procedures for EPSDT- private duty nursing services (PDN) and shift home health aide services effective January 3, 2004.

As many of you are aware, the procedure codes used to bill Maryland's Medicaid Program ("Program") for private duty nursing and shift home health aide/certified nursing assistant services rendered to Program clients are local codes. Indeed, even the DHMH 248 form used to bill the Program for these services is unique to Maryland Medicaid. Due to HIPAA's requirements, therefore, the practice of using the DHMH 248 form and local procedure codes will cease for dates of service January **3, 2004 and after.** The Program will replace its local billing codes with nationally accepted codes and will eliminate the use of its local billing form (i.e. the DHMH 248 form) and replace it with the CMS 1500 form (previously the HCFA 1500 form). This applies to all PDN and shift home health aide/certified nursing assistant services whether the service is to be rendered to Model Waiver (MW), Rare and Expensive Case Management (REM) or EPSDT fee for service Medicaid clients. These changes will apply to both hard copy and electronic billing. In addition, several other new requirements apply to electronic transactions. Specifically, if you plan to submit electronic claims to Medicaid, either directly or through a billing service, you must submit to the Program a signed Submitter Identification Form and Trading Partner Agreement prior to such billings.

#### **TESTING:**

Trading Partners who send electronic transmissions directly to Medicaid must test for HIPAA compliance before they can transmit claims to us for payment. The Program offers free testing which can be accessed at the following site: <a href="http://www.dhmh.state.md.us/hipaa/testinstruct.html">http://www.dhmh.state.md.us/hipaa/testinstruct.html</a>.

# TRADING PARTNER AGREEMENT AND SUBMITTER IDENTIFICATION FORM:

Attached to this memorandum is a copy of our Trading Partner Agreement and Submitter Identification Form. The Program must have both the Trading Partner Agreement and Submitter Identification Form on file before accepting any HIPAA electronic transactions. Please note that all providers must submit a completed Submitter Identification Form to Medicaid whether they bill electronically or via paper. This form is required for you to continue to access Medicaid's Eligibility Verification System (EVS).

Each form has a contact phone number if you have additional questions. It is imperative that you complete the necessary form(s) and return them to submitting electronic transactions. Please mail the agreements to:

Ms. Rita Tate
201 W. Preston St. Rm. LL3
Baltimore, MD 21201
Attn: HIPAA Billing Agreements

The DONS as well as other Program staff recognize that HIPAA requirements and changes may be confusing. **Due to the large scope of HIPAA related changes** which will affect preauthorization and billing procedures, the DONS has scheduled important educational sessions to familiarize you with the new policies and procedures.

Please note that a maximum of two (2) representatives per provider agency may register to attend any one (1) educational session. Due to the nature of the changes, we suggest that an individual responsible for billing and another individual responsible for preauthorization attend these sessions. Attendance at each session will be limited to thirty (3) participants and will be limited to pre-registered individuals only.

To make your reservation, please call or fax Ms. Linda Vogel of my staff at the following:

Monday – Friday between the hours of 9:00 a.m. – 4:00 p.m.

Telephone: 410-767-1448

Fax: 410-333-7125

**Session Location:** 201 W. Preston Street

Baltimore, MD 21201

Room LL-2

### **Scheduled Sessions:**

Date	Time
11/04/03 – Tuesday	9:00 a.m. – 11:00 a.m.
11/14/03 – Friday	9:00 a.m. – 11:00 a.m.
11/17/03 – Monday	9:00 a.m. – 11:00 a.m.
11/18/03 – Tuesday	9:00 a.m. – 11:00 a.m.
12/03/03 – Wednesday	9:00 a.m. – 11:00 a.m.

**Note:** The availability of parking is extremely limited. Please allow extra time to locate parking, as the sessions will begin promptly.

Please do not hesitate to call Ms. Linda Vogel of my staff at 410-767-1448 if you have any question regarding these sessions. We look forward to meeting with you during these sessions to provide you this important information, answer your questions and/or address any concerns you may have regarding HIPAA's implementation.

## Enclosures

Cc: Carla Rivers, R.N. Samuel Colgain, III Mary Pohl